

Field Size	Columns (beginning with 401; not to exceed 650)	Question	Response Categories (Code = Response)
<u>State-Added 1: Secondhand Smoke Policy</u>			
1	401	AZ1_1 Which statement best describes the rules about smoking inside your home?	Please read 1 = Smoking is not allowed anywhere inside your home 2 = Smoking is allowed in some places or at some times 3 = Smoking is allowed anywhere inside your home Or 4 = There are no rules about smoking inside your home Do not read 7 = Don't know/Not sure 9 = Refused
{CATI note: If response to Core Q12.9 = 1 (Employed) or 2 (Self-employed), continue. Otherwise, go to next section.}			
1	402	AZ1_2 While working at your job, are you indoors most of the time?	1 = Yes 2 = No [Go to AZ2_1] 7 = Don't know/Not sure [Go to AZ2_1] 9 = Refused [Go to AZ2_1]
1	403	AZ1_3 Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? Note: For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.	Please read 1 = Not allowed in any public areas 2 = Allowed in some public areas 3 = Allowed in all public areas Or 4 = No official policy Do not read 7 = Don't know/Not sure 9 = Refused

1	404	<p>AZ1_4 Which of the following best describes your place of work's official smoking policy for work areas?</p>	<p>Please read 1 = Not allowed in any work areas 2 = Allowed in some work areas 3 = Allowed in all work areas Or 4 = No official policy Do not read 7 = Don't know/Not sure 9 = Refused</p>
<u>State-Added 2: Indoor Air Quality</u>			
1	405	<p>The next five questions are about the air quality in your home.</p> <p>Note: Home refers to the respondent's primary residence.</p> <p>AZ2_1 Is your home heated with a furnace or boiler that burns oil, gas, coal, or other fuel?</p> <p>Please read if necessary: Not a total electric furnace or boiler.</p>	<p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p>
1	406	<p>AZ2_2 Does your home have any of the following appliances powered by natural gas: a stove, an oven, a water heater, or a clothes dryer?</p>	<p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p>
3	407-409	<p>AZ2_3 During the past 12 months, on how many days have you used a wood or coal stove, fireplace, or kerosene heater inside your home?</p>	<p>Note: If response is 777 (Don't know/Not sure) probe for approximate number of days.</p> <p>— — — Number of days 5 5 5 Do not have 8 8 8 None 7 7 7 Don't know / Not sure 9 9 9 Refused</p>
1	410	<p>AZ2_4 A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a CO detector in your home?</p>	<p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p>
1	411	<p>AZ2_5 Do you currently have mold in your home on an area greater than the size of a dollar bill?</p>	<p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p>

State-Added 3: Oral Health

1	412	AZ3_1 Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid/AHCCCS?	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	413	AZ3_2 Have you ever had dental work done in another country? Do NOT include any dental work done on any military base.	1 = Yes 2 = No [Go to AZ4_1] 7 = Don't know/Not sure [Go to AZ4_1] 9 = Refused [Go to AZ4_1]
1	414	AZ3_3 In what country/countries did you have the dental work done?	1 = Canada 2 = Mexico 3 = Other country/countries 7 = Don't know/Not sure 9 = Refused
1	415	AZ3_4 What was the main reason you had dental work done in another country?	1 = Low cost 2 = I lived in that country at the time 3 = Convenience 4 = Other 7 = Don't know/Not sure 9 = Refused
1	416	AZ3_5 When was the dental work done?	1 = Within the last year 2 = 1-<2 years 3 = 2-<5 years 4 = 5-<=10 years ago 5 = Over 10 years ago 7 = Don't know/Not sure 9 = Refused

State-Added 4: Cardiovascular Health

1	417	<p>I would like to ask you a few more questions about your cardiovascular or heart health.</p> <p>CATI note: If Core Q8.1 = 1 (Yes), ask Q1. If Core Q8.1 = 2, 7, or 9, skip Q1.</p> <p>AZ4_1 After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes</p>	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
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1	418	<p>CATI note: If Core Q8.3 = 1 (Yes), ask Q2. If Core Q8.3 = 2, 7, or 9 (No, Don't know, or Refused), Go to AZ5_1.</p> <p>AZ4_2 After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."</p>	<p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p>
<u>State-Added 5: Heart Attack and Stroke</u>			
1	419	<p>Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."</p> <p>AZ5_1 (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)</p>	<p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p>
1	420	AZ5_2 (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)	<p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p>
1	421	AZ5_3 (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)	<p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p>
1	422	AZ5_4 (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)	<p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p>
1	423	AZ5_5 (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)	<p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p>
1	424	AZ5_6 (Do you think) severe headache with no known cause (is a symptom of a stroke?)	<p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p>
1	425	AZ5_7 If you thought someone was having a heart attack or a stroke, what is the first thing you would do?	<p>Please read: 1 = Take them to the hospital 2 = Tell them to call their doctor 3 = Call 911 4 = Call their spouse or a family member Or 5 = Do something else Do not read: 7 = Don't know/Not sure 9 = Refused</p>

State-Added 6: Folic Acid

1	426	AZ6_1 Do you currently take any multivitamins or supplements that contain folic acid?	1 = Yes 2 = No [Go to AZ6_3] 7 = Don't know/Not sure [Go to AZ6_3] 9 = Refused [Go to AZ6_3]
3	427-429	AZ6_2 How often do you take this multivitamin or supplement?	1__ __ Times per day 2__ __ Times per week 3__ __ Times per month 7 7 7 Don't know / Not sure 9 9 9 Refused
1	430	AZ6_3 Some health experts recommend that women take 400 micrograms of the B-vitamin folic acid every day. They recommend this for which one of the following reasons?	Please read: 1 = To make strong bones 2 = To prevent birth defects 3 = To prevent high blood pressure Or 4 = Some other reason Do not read: 7 = Don't know/Not sure 9 = Refused

State-Added 7: Osteoporosis

1	431	Osteoporosis (os-tee-oh-por-o-sis) is a condition where bones become brittle and break (fracture) more easily. It is <i>not</i> the same condition as osteoarthritis, a joint disease. AZ7_1 Have you EVER been told by a doctor, nurse, or other health professional that you have osteoporosis?	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
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State-Added 8: Pre-Diabetes

1	432	AZ8_1 Have you had a test for high blood sugar or diabetes within the past three years? (Note: only asked of those not reporting yes to diabetes awareness question, Core Q5.1 =1)	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	433	AZ8_2 Have you ever been told by a doctor or other health professional that you have prediabetes or borderline diabetes?	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused

State-Added 9: Violence

1	434	AZ9_1 Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	435	AZ9_2 Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	436	AZ9_3 Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or hurt you in any way.	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	437	AZ9_4 Has an intimate partner EVER ATTEMPTED physical violence against you? This includes times when they tried to hit, slap, push, kick, or otherwise hurt you, BUT THEY WERE NOT ABLE TO.	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	438	AZ9_5 Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way?	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	439	AZ9_6 Have you EVER experienced any unwanted sex by a current or former intimate partner?	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused